

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404041810

Date Received:
12/27/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 10749

Name of Operator: SIMCOE LLC

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

General

sjninspections@ikavenergy.com

ECMC INSPECTION SUMMARY:

FIR Document Number: 714001455

Inspection Date: 11/05/2024

FIR Submit Date: 11/13/2024

FIR Status: _____

Inspected Operator Information:

Company Name: SIMCOE LLC

Company Number: 10749

Address: 1199 MAIN AVE SUITE 101

City: DURANGO State: CO Zip: 81301

LOCATION - Location ID: 333907

Location Name: BARNES-LEIDY GAS UNIT-N33N9W Number: 2SWNE County: _____

Qtrqr: SWNE Sec: 2 Twp: 33N Range: 9W Meridian: N

Latitude: 37.136005 Longitude: -107.792490

FACILITY - API Number: 05-067-00 Facility ID: 333907

Facility Name: BARNES-LEIDY GAS UNIT-N33N9W Number: 2SWNE

Qtrqr: SWNE Sec: 2 Twp: 33N Range: 9W Meridian: N

Latitude: 37.136005 Longitude: -107.792490

CORRECTIVE ACTIONS:

1 CA# 200406

Corrective Action: Manage (i.e. mow) weed debris to encourage establishment of desirable vegetation and prevent debris dispersal.

Date: 11/20/2024

Response: CA COMPLETED

Date of Completion: 12/26/2024

Operator Comment: Weeds removed.

ECMC Decision: _____

ECMC Representative: _____

2 CA# 200407

Corrective Action: Comply with rule 1002f. Install or repair required BMPs.

Date: 11/20/2024

Response: CA COMPLETED

Date of Completion: 12/26/2024

Operator Comment: Erosion control repaired and wattles reset.

ECMC Decision: _____

ECMC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions completed. See attachment for photos.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Grace Bryson

Signed: _____

Title: Permitting Specialist I

Date: 12/27/2024 12:33:13 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number	Description
404041810	FIR RESOLUTION SUBMITTED
404041812	Barnes Leidy 2,4 CA photos

Total Attach: 2 Files